SAINT LUCIA

THE EASTERN CARIBBEAN SUPREME COURT
IN THE HIGH COURT OF JUSTICE
(CRIMINAL)

CASE NO. SLUCRD2023/0440

THE KING

vs.

DEBRA WILLIAM

Defendant

Before:

The Hon. Mde. V. Georgis Taylor-Alexander — High Court Judge

Appearances:

Mr. Maurice Compton acting for the Defendant
Mr. Linton Robinson for the Crown
The Defendant present via zoom from the Bordelais Correctional Facility

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2025: May 21;

TRIAL BEFORE JUDGE ALONE ON A FITNESS HEARING TRIAL

[1] **TAYLOR-ALEXANDER J**: This matter came on for trial to determine the Defendant's fitness to plead. Section 14 of the Evidence Act Cap 4.15 of the Revised Laws of St. Lucia (The Act).

Background

[2] The Defendant is the mother of a child aged 13 and she is charged for procuring the child and she is charged for procuring the child to have sexual intercourse with the Defendant's boyfriend. During the proceedings it became apparent that the Defendant had difficulty following the proceedings and her sister who was present informed that the Defendant, for her whole life has presented with learning and social difficulties. This prompted the court to conduct psychiatric and psychological batteries of the Defendant.

[3] Dr. Julius Gilliard, Psychiatrist, and Ms. Alina Auguste, Clinical psychologist, both of whom were deemed to possess specialist knowledge based on their study, training, and experience were retained to conduct the assessments. Their opinions were relied on in arriving at my Judgment.

Dr. Julius Gilliard

[4] He is a Psychiatrist. He obtained his MD (Hons) from Instituto Superior De Ciencias Médicas De Villa Clara, Cuba, (2004), and his DM Psychiatry from the University of the West Indies, St. Augustine Campus, Trinidad (2017). He has had Expert Witness Training facilitated by the University of Toronto and the St. Lucia Forensic Science Services Laboratory (April 2018). He is licensed to practice medicine by the Saint Lucia Medical and Dental Council expires in 2026. He has given evidence in court on numerous occasions and in multiple jurisdictions including St. Lucia, St. Vincent and the United States. Pursuant to Section 66 of the Act, he was deemed an expert in Psychiatry.

[5] He was ordered to assess the mental state of the Defendant Debra William. She was assessed during 2024. Dr. Gilliard conducted a clinical interview with the Defendant. He documented notes and prepared a report dated 17th March 2025. His report is tendered and marked as "JG 1".

The Psychiatric Report

[6] The Defendant Debra William has a long psychiatric history dating back to 2016. In her first admission she was diagnosed as having acute psychosis on 16th August 2016. She was given oral antipsychotics after which her mental state improved. There was a follow-up in two weeks, where she was deemed back to normal and she attended the outpatient clinic.

[7] Dr. Gilliard explained that acute psychotic disorder is a period of two or more of the following symptoms that last between one day to one month, with one of the two must be delusions or hallucinations:

1. Delusions – fixed false beliefs that manifest in different ways.
2. Hallucinations – perceptual disturbances without stimulus appearing in any of the five senses.
3. Disorganised speech/thoughts – the person speaks in unintelligible sentences.
4. Disorganised behavior, an example would be searching garbage. There may be unprovoked violent outbursts.
5. Negative symptoms, with decreased emotional output, decreased need to socialize, decreased motivation or interest and decreased cognitive ability.

[8] The Defendant was readmitted to the Saint Lucia National Wellness Centre (The Wellness Centre) on 17th March 2018, after threatening to kill herself and becoming agitated, she was noted to be psychotic. She improved quickly after being placed on medication. She attended the outpatient clinic for a while and she again defaulted in taking her medication in 2019. She was admitted again on 19th September 2020 after becoming boisterous, she was non adherent to her medication. The doctor who attended to her did not notice psychosis and she was given a diagnosis of intellectual disability. Dr. Gilliard explained that Intellectual disability is a neurodevelopmental disorder. The person develops disability in the front part of the brain that is responsible for decision making, impulse control, taking in information and adequately processing it. Low academic functioning and difficulty with empathy and abstract thinking; lacking

appropriate social interaction are some of its manifestations. Neurodevelopmental disorder places that person at high risk of psychosis, especially if substances are used, like alcohol, drugs and cigarettes. This disability may happen during birth and delivery, that causes brain maturation to be affected. On admission in 2020, the Defendant was prescribed oral antipsychotics which helps to regulate her mood. She was kept for two days. She returned to outpatient on 12th November 2020. According to his enquiries, she did not to return to the Wellness Centre.

[9] There is a family history of mental illness. Her uncle suffers with mental illness. The Defendant displayed behaviour from childhood that is deemed not normal. She has used alcohol excessively before the incident with which she is charged. In her mental history there is also the use of cannabis.

[10] After she was admitted to the Bordelais Correctional Facility (The Facility), she was seen by a psychiatrist in September 2024. She was managed with oral antipsychotics which was changed to the injectables that she gets on a monthly basis. She was noted to be using marijuana at the Facility.

[11] Dr. Gilliard carried out a clinical interview on 4th March 2025, at which time the Defendant was seen to be smiling inappropriately. She was co-operative, and she was "happy" her affect was blunted. Her speech was clear, monotonous, simple and mostly irrational. She exhibited no formal thought abnormality, no delusion, no homicidal or suicidal thoughts. She denied hallucinations and was fully oriented however, her attention and concentration was impaired her judgment was impaired. Her insight into her difficulties was fair. She exhibited significant impairment in all of her responses that determine her fitness to participate in court proceedings.

[12] The following is Dr. Gilliard's diagnosis of the Defendant: -

1. Using the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5) diagnosis:

- Possible Substance Induced Psychotic Disorder.
- Alcohol and Cannabis Use Disorder, severe, in a controlled environment.
- Likely Intellectual Disability.

2. The Defendant has a long history of excessive substance use, with negative behavioural and psychiatric consequences to her and her family. It is my opinion that her main difficulty arises from the presence of an Intellectual Disability. This, however, can only be confirmed after she undergoes standardised testing with a Clinical or Forensic Psychologist. The presence of this disorder greatly increases her risk of returning to her former substance use, becoming nonadherent with antipsychotic medications, and a continuation of her past behaviours.

3. At the time of the interview on March 4, 2025, the Defendant was found to be experiencing no active psychotic symptoms, but still had significant difficulty responding to the questions that assessed her fitness to participate in proceedings. Her difficulties appear to stem from her low intellectual function for which there is not treatment. She was found to be unfit to plead in a Court of Law. This is not expected to change.

[13] Dr. Gilliard explained that Substance Induced Disorder is a period of diagnoses which is a direct consequence of someone using substances which usually improves if psychotic medications are used or within one month of stopping the substance use.

[14] He said that of his diagnosis of likely intellectual disability, a psychiatrist does a subjective test but an objective determination of a clinical psychologist is appropriate. He said a subjective determination comes from using DSM 5. It is preferred that standardised testing is done. He said a person with intellectual disability is prone to:

(1) Manipulation

(2) Substance use

(3) Behaviour that puts them in harm's way

(4) Non-adherent to prescribed medication

[15] At the time of the Defendant's clinical interview, she was not displaying acute symptoms. She is currently on injectable antipsychotic medication. She is unfit to plead and that is unlikely to change. She is unable to instruct a lawyer, she is not able to understand the nature of charges. She has a basic understanding but she is not able to keep it in memory, process it, challenge evidence. Dr. Gilliard recommends that the Defendant continue on monthly injectables with regular psychiatry follow-up. He stated that there is no treatment in St. Lucia for intellectual disability.

Ms. Alina Auguste

[16] She is a Forensic Psychologist. She has a BSC in Psychology from University of Havana obtained in 2011; A Master's Degree in Forensic Psychology from Monroe College; a license to practice psychology with Allied Health Council, that expires in February 2026. She has completed thirty-two (32) psychology reports for the courts in St. Lucia. It involves assessment services and counselling. She has given evidence in court before, more than four times, in St. Lucia. She became a forensic psychologist in 2023. Pursuant to Section 66, she is deemed an expert in Psychology.

[17] She knows the Defendant Debra William. She interviewed her for the purposes of preparing a report on three different occasions. She prepared notes and a report, which is tendered and marked "AA 1". She met with the Defendant on three separate occasions, Wednesday, 15th January 2025, Wednesday, 12th March 2025 and Monday, 17th March 2025 at the Bordelais Correctional Facility (The Facility). She identified the Defendant who appeared via zoom from the Facility. The Defendant was calm and polite. She had a lot of difficulty answering the questions asked. She constantly responded that she did not know what she was being asked. This was her response to simple questions, as to her date of birth, the spelling of her name. She was aware of her

location but was unaware of the time and month. She was not aware of her psychiatric history, although her investigations suggest she was a patient of the Wellness Centre. She is currently on medication for a psychiatric condition. The Psychologist was not fully aware of family psychiatric history. The Defendant indicated that she consumes alcohol and marijuana, and she indicated that the amount she consumes depends on what is available to her. She is unable to self-regulate her consumption.

[18] Ms. Auguste's assessment was to determine the Defendant's level of intelligence; cognitive capacity; characteristics of her personality; risk of reoffending, and competence to participate in court proceedings. Apart from information from the Defendant, Ms. Auguste used other information to come to her conclusion. She also spoke with correctional officers, a cousin of the Defendant and Doctor Julius Gilliard for psychiatric information.

[19] There was agreement from the Defendant for the assessment. Ms. Auguste started with a psychological interview that asks questions about childhood history, education, mental health history and legal history. Then she used an intelligence test, Wechsler Adult Intelligence Scale (WAIS); Minnesota Multiphasic Personality Inventory (MMPI-2); Hare Psychopathy Checklist – Revised (PCL-R); Historical Clinical Risk Management – 20 (HCR-20); Test of Memory Malingering (TOMM); and Fitness Interview Test-Revised (Fit-R). The Fit-R gathers data from all of the previous tests to form an opinion.

[20] WAIS: Interviews cognitive function/or level of intelligence. This is not likely to change. It covers age ranges from 16 – 90. This test is universally accepted. It assesses verbal comprehension, perceptual reasoning, working memory, processing speed. She used numbers in the assessment. She looks for a score of 70, to be very superior a score of 130 is sought. There is a score assigned to each of the criteria.

[21] The following are the Defendant's scores: -

1. Verbal comprehension; scored fifty-six per cent (56%) which puts her within a 0.2 category of persons, which is low.
2. Perceptual reasoning; fifty-one per cent (51%), which puts her at 0.1 category of persons within her group.
3. Working memory; fifty per cent (50%), which puts her at at 0.1 category of persons within her age group.
4. Processing speed; sixty-five per cent (65%), category 1 of persons within her age group.
5. Full scale IQ; forty-eight per cent (48%), category 0.1 of persons in her age group.

[22] Ms. Auguste found that the Defendant scored extremely low in every category. The Defendant is on the low end of cognitive function. It is challenging to translate court proceedings for her understanding. She has intellectual disability that is lifelong. This is neurological and unlikely to change.

[23] MMPI-2: This reads personality patterns and determines psychological disorders. The Defendant was unable on two occasions to participate in this test. She was unable to complete the first ten of three hundred questions. Ms. Auguste was therefore unable to score her on this test.

[24] PCL-R: Tests personality traits and behaviours related to a specific type of personality disorder to be diagnosed with psychopathy. A score of 30 of a range of 0 – 140 or higher would determine psychopathic. The Defendant's score was 2, which was good. She had only one trait being many short-term relationships. The Defendant was not psychopathic.

[25] HCR-20: This tests risk of violent offending. It tests violence on three scales, namely, historical, clinical and risk management. It also assesses behaviour at the time of

assessment. Her risk of future violence is low to moderate, as she is susceptible to being manipulated. There is a documented history of suicidal ideations and self-harm.

[26] TOMM: It is a test designed to test malingering. She obtained a maximum score in all, which suggests that there was no malingering.

[27] Fit-R: This test is designed to test competency to stand trial. It also determines mental health issues which can be treated and intellectual functioning. The Defendant was not competent to stand trial. There was impairment in all categories. There are three components:

(1) Understanding nature and object of proceedings.
(2) Ability to communicate.
(3) Ability to understand consequences of proceedings.

[28] Ms. Auguste recommends the following:

(1) The Defendant should continue to receive regular psychiatric monitoring and medication management. Staff should maintain structured supervision and ensure access to mental health support. Continued observation for sudden behavioural changes, signs of distress, or increased confusion is also advised.
(2) Continued care from the Saint Lucia National Wellness Centre or a psychiatrist is essential.
(3) The Defendant should be referred to social services for evaluation and placement in a welfare programme that can meet her needs related to her moderate intellectual disability. This includes assistance with communication, health care access, and supervision.
(4) The Defendant may benefit from life skills programs focused on hygiene, basic communication, task completion, and emotional regulation. However, these should be delivered in a highly supportive and simplified format.

(5) Efforts should be made to identify a legal guardian or responsible party to advocate for her needs, including participation in treatment planning, decision-making, and long-term care.
(6) In court, she should be spoken to using simplified language, given step-by-step instructions, allowed additional processing time, and have a support person throughout any legal process.

[29] I have given due regard to the findings of the Psychiatrist and the Forensic Psychologist and their evidence at trial, that due to impairment, the Defendant is unable to understand (1) the nature of the charge; (2) the requirement to tender a plea and the effect of such a plea; (3) the purpose of, and follow the course of, the trial; (4) the evidence that may be given against the person; and (5) to instruct and otherwise communicate with the persons legal representative, as well as any other factor which the court considers relevant. This evidence remains uncontroverted. It is my finding that the Defendant is *unfit* to be tried.

Disposition

[30] The Defendant has been found *unfit* to be tried, on the basis that she is presently unable to:

1. Understand the nature of the charge laid against her;
2. Comprehend the requirement to enter a plea and the legal consequences of such a plea;
3. Appreciate the purpose of the trial or follow its proceedings;
4. Understand the nature of the evidence that may be presented against her; and
5. Instruct or otherwise communicate effectively with her legal representative.

[31] There are no foreseeable prospects of her mental state improving in the near future to allow for her participation in the trial process.

[32] Pursuant to Section 892(4) of the Criminal Code of Saint Lucia, as amended by Section 7 of the Criminal Code (Amendment) Act No. 6 of 2025, the Defendant is hereby ordered to be transferred forthwith to the Saint Lucia National Mental Wellness Centre (SLNMWC). She is to be detained therein to ensure the development of a supportive structure around her and to facilitate her access to necessary interventions and therapy. The purpose of this detention is to support her rehabilitation and to promote her eventual re-entry into society, consistent with therapeutic and public safety considerations.

[33] The Defendant is to next appear before this Honourable Court on a date to be fixed, for the Court to determine the dismissal of the charges brought against her, in accordance with the law.

[34] It is further directed that the Defendant's family members are to be invited to attend the said hearing. A representative from the Social Services Department and the Ministry of Equity are to be in attendance.

Justice V. Georgis Taylor-Alexander
High Court Judge

BY THE COURT

EASTERN CARIBBEAN SUPREME COURT
SEAL
HIGH COURT

REGISTRAR